

Maricopa County
Contaminated Property Tax Reduction Initial Application
(Pursuant to A.R.S. § 42-18124)

Complete this form for consideration of a request for tax reduction from the Maricopa County Board of Supervisors. It is important to complete all applicable sections and attach all necessary information. If you have any questions concerning the completion of this application, please call:

Technical Assistance: Environmental Services: 602.506.6623

Application Assistance: Clerk of the Board of Supervisors: 602.506.3766

The Maricopa County Board of Supervisors may request additional information on this application and/or request changes to your remedial action plan.

SECTION I: PROPERTY AND APPLICANT/OWNER INFORMATION

A. Property Information

1. Property Name (Property) _____

Address _____

City _____ County _____ State _____ Zip _____

Approximate Center of the Property (if known): _____

Latitude _____ ° _____ ' _____ " _____
(if known)

Longitude _____ ° _____ ' _____ " _____
(if known)

Property Size _____
(acres or sq. feet)

Parcel Number _____

Township _____

Range _____

Section _____ of the _____ 1/4 of the _____ 1/4 of the _____ 1/4

2. Date of Property acquisition: _____
(or Proposed acquisition)

3. Amount of back taxes owed as of: (date) _____

(amount) \$ _____

4. Are any of the back taxes owed to "Certificate of Purchase" (CP) buyers?

☐ Yes ☐ No

If YES, what is the amount owed to CP buyers? \$ _____

5. Indicate status of the remedial action

☐ Completed

☐ In progress

☐ Proposed

Start date or proposed start date	Completed or Proposed Completion date

6. Check current Property use:

☐ Residential ☐ Agricultural ☐ Recreational ☐ Commercial/Industrial

☐ Other _____

7. Planned post-remediation Property use: _____

B. Applicant Information

(The "Applicant" is the person seeking tax reduction. The Applicant is responsible for payment of Maricopa County costs of review and oversight. See cover sheet for explanation of potential cost(s).)

1. Name _____

Contact Person _____ **Title** _____

Company _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone (____) _____ **Fax** (____) _____ **E-mail** _____

Relationship to Property _____

Legal status of the Applicant:

- ☐ Individual/Sole Proprietor ☐ General Partnership
☐ Limited Liability Company ☐ Limited Partnership
☐ Arizona Corporation
☐ Out-of-State Corporation: State of Incorporation _____
☐ Other _____

C. Current Property Owner(s) (If different from applicant) (If more than one Owner exists, attach additional sheets which provide the ownership information for each Owner.)

1. Name _____

Contact Person _____ Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ E-mail _____

2. Legal status of the current Property Owner(s):

- ☐ Individual/Sole Proprietor ☐ General Partnership
☐ Limited Liability Company ☐ Limited Partnership
☐ Arizona Corporation
☐ Out-of-State Corporation: State of Incorporation _____
☐ Other _____

3. Provide a complete ALTA title report and chain-of-title report which details ownership from either 1940 or the time when the property was undeveloped, which ever is earlier. Label "Exhibit A – Title Search."

D. Owner's Authorized Agents (if any)

Name _____ Relationship to Owner _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ E-mail _____

Describe Agent's Authority _____

(Use additional sheets for additional Authorized Agents.)

E. Billing Information (if different from Applicant)

Name _____ Relationship to Owner _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ E-mail _____

SECTION II: ENVIRONMENTAL INFORMATION

The following information must accompany this application:

1. Boundaries of the Property and boundaries of the portion of the Property (site) needing remediation, if known. Provide a legal description including a Boundary Survey of the Property with a Location Map and a Site Map delineating the area to be remediated. (Attach additional sheets labeled, "Exhibit B – Maps and Legal Description")
2. Nature and geographical areal extent of the contamination by hazardous substances and/or pollutants. ("Exhibit C – Extent of Contamination")

Investigative Action:

(Check all actions completed to date. Full reports may be requested at a later date.)

<input type="checkbox"/> Preliminary Assessment <input type="checkbox"/> Preliminary Investigations <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water and sediment <input type="checkbox"/> Waste management units*	<input type="checkbox"/> Remedial Investigation <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water and sediment <input type="checkbox"/> Waste management units* <input type="checkbox"/> Feasibility Study
*Includes bulk storage tanks, underground storage tanks, below grade piping, loading/unloading areas, surface impoundments, drainage systems, storage and staging areas, and discharge/waste disposal areas.	

4. BRIEF description of the remedial action proposed and a schedule for performance of the remedial action. ("Exhibit D – Proposed Remedial Action")

Please check intended level of Cleanup in each area – soil and water.

<u>Soil Cleanup to:</u> <input type="checkbox"/> Residential levels <input type="checkbox"/> Non-residential levels <input type="checkbox"/> Groundwater protection levels <input type="checkbox"/> Background levels <input type="checkbox"/> Property specific risk-based <u>residential</u> levels <input type="checkbox"/> Property Specific risk-based <u>non-residential</u> levels <input type="checkbox"/> Intended cleanup level not known at this time	<u>Water Cleanup to:</u> <input type="checkbox"/> Aquifer water quality standards <input type="checkbox"/> Surface water quality standards <input type="checkbox"/> Other
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5. A list of the persons the Applicant believes may be responsible for the release or threatened release of hazardous substances and/or pollutants at the Property and a summary of the basis for that belief. ("Exhibit E – Responsible Persons/AT Property")

6. A list of the persons the Applicant believes may be responsible for the release or threatened release of hazardous substances and/or pollutants that have migrated to the Property and a summary of the basis for that belief. ("Exhibit F – Responsible Persons/MIGRATED TO the Property")

- 7a. Please check any of the following state or federal environmental regulatory programs which relate to the Property in question, and specify if any orders, permits, notices of violation, or inspections have taken place.

- | | | |
|--|--|--|
| <input type="checkbox"/> Aquifer Protection Permit | <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Groundwater Protection Permit | <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Air Quality |
| <input type="checkbox"/> CERCLA (Superfund) | <input type="checkbox"/> WQARF | |
| <input type="checkbox"/> Underground Storage Tank/Leaking Underground Storage Tank | | |
| <input type="checkbox"/> ADEQ Voluntary Remediation | | |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> None | | |

- 7b. If there has been any involvement with any of the above programs, please write a brief description of that involvement in the provided space. Also, please provide any and all state and federal identification and registration numbers relevant to the above assigned program. Attach additional sheets as necessary, label sheets, "Exhibit G -- Regulatory Program Involvement."

8. Disclose any past, current or anticipated legal action regarding indemnification/reimbursement available to set off against remedial costs.

9. Are you a party to or are you aware of any indemnification or other cost recovery agreements that would result in reimbursement from any governmental body or any third party(ies)?

☐ Yes ☐ No

If yes, explain and provide copies of the agreement(s). Label "Exhibit H – Indemnification or cost recovery agreement."

10. Attach a Phase I Environmental Assessment prepared in accordance with the current ASTM-E1527-00 guidelines for Environmental Site Assessments. The Phase I Environmental Assessment must not be not more than 180 days old. Label "Exhibit I – Phase I Environmental Assessment."

HAVE YOU DONE ANY OF THE FOLLOWING:**If yes, provide a brief description.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Removal actions as defined by 42 United States code section 9601(23).
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Preparation and implementation of a remedial investigation and feasibility study pursuant to section 49-287.03.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Preparation and implementation of a remedial action plan pursuant to section 49-287.04.
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Preparation and implementation of an agreement for work pursuant to section 49-282.05.
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Preparation and implementation of a corrective action plan pursuant to section 49-1005.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Preparation and implementation of a work plan approved pursuant to section 49-177.

SECTION III: FINANCIAL SECTION

1. Provide your best estimate of the total remediation cost. \$ _____
2. Describe your financing plan including any pending grants, reimbursements, anticipated recovery through litigation, or other funding sources. (Attach plan and list of funding sources – “Exhibit J – Financing Plan”)

Applicant is responsible for reimbursing the total reasonable cost to Maricopa County for processing this application. Such costs may include, cost of goods used in the review and services contracted by Maricopa County in the review process. Applicant shall pay Maricopa County the total amount billed within 30 days of the date of billing. Unless otherwise agreed in writing, all payments shall be in the form of a cashier's check, certified check, or money order made payable to Maricopa County. The receipt of any payment by Maricopa County shall not constitute any representation by Maricopa County as to the sufficiency of the application, its approval for tax reduction, or the sufficiency of the remedial action. If Applicant fails to pay the amount billed within 30 days, Maricopa County may take whatever action it deems appropriate to recover all amounts due. Delinquency in payments may result in denial of the application in whole or in part and/or exclusion from the program. All overdue amounts shall accrue interest at the rate of 9% per annum compounded annually. Applicant agrees to pay all costs incurred in collecting any amounts due under this agreement, including Maricopa County's attorneys' fees, court costs, and expenses.

The Applicant may choose to terminate his/her participation in the Contaminated Property Tax Reduction Program at any time. If so, Applicant will be responsible for all costs expended or incurred through the date Maricopa County receives Applicant's notice of termination. Costs shall include all cost incurred for services "in progress" until Maricopa County can reasonably give notice to cease providing services. If the termination is voluntary, the Applicant may reapply to the Contaminated Property Tax Reduction Program.

I, _____, (the undersigned) do swear or
(Print Name of Applicant)
affirm under penalty of perjury that the information contained in
this application and attachments is complete, true and accurate.

Applicant's signature

Date

Section IV

Affidavits

1. Responsible Party Affidavit
2. Expense Affidavit

RESPONSIBLE PARTY AFFIDAVIT
IN SUPPORT OF APPLICATION FOR TAX REDUCTION UNDER
A.R.S. § 42-18124

STATE OF ARIZONA)
)
COUNTY OF MARICOPA)

The purpose of this Affidavit is to attest that Applicant is compliant with A.R.S. § 42-18124, Section D(7)(b), that the Affiant is not a responsible party pursuant to A.R.S. § 49-283 and further the Affiant is not a relative of or associated with a responsible party pursuant to A.R.S. § 42-18124, Section D(6).

The undersigned, being duly sworn, deposes and says as follows:

1. THIS AFFIDAVIT is executed by the undersigned, _____,
 _____, as Prospective Property Owner ____ or Property Owner ____
for the Property known as _____ located at
_____.
2. THE AFFIANT is not a responsible party pursuant to A.R.S. § 49-283, or
the responsible party's partner, officer, employee or relative: where
relative means spouse, parent or ancestor of a parent, child or descendant
of a child, sibling, cousin, aunt, uncle, niece or nephew of the first degree,
and includes relative by half-blood or by adoption.
3. THE AFFIANT is not the spouse of a relative listed in Section 2 above.

I swear under oath that this is a true and complete statement.

Printed Name of Affiant

Affiant's Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____.

Notary Public

EXPENSE AFFIDAVIT

IN SUPPORT OF APPLICATION FOR TAX REDUCTION UNDER
A.R.S. § 42-18124

STATE OF ARIZONA)
)
COUNTY OF MARICOPA)

The purpose of this Affidavit is to attest that Applicant is compliant with A.R.S. § 42-18124, Section D(7)(a) concerning expenses to remediate contamination at the property.

The undersigned, being duly sworn, deposes and says as follows:

1. THIS AFFIDAVIT is executed by the undersigned _____, as Property Owner ____ or Agent on behalf of the Property Owner ____ for the Property known as _____ located at _____ (the "PROPERTY").
2. THE AFFIANT attests that all expenses (in the total amount of \$_____) incurred by or on behalf of the property owner to remediate contamination at the PROPERTY pursuant to A.R.S. § 42-18124, Section D were both reasonable and necessary. (See attached summary of remedial activities.)
3. THE AFFIANT attests that pursuant to A.R.S. § 42-18124, Section D(5), no expenses incurred by or on behalf of the property owner to remediate contamination at the PROPERTY were inconsistent with or in violation of requirements imposed by the Arizona Department of Environmental Quality.
4. THE AFFIANT attests that all expenses incurred by or on behalf of the property owner to remediate contamination at the PROPERTY are in accordance with the time considerations referenced in either Section D(2) or Section D(3) of A.R.S. § 42-18124 which ever is applicable.

I swear under oath that this is a true and complete statement.

Printed Name of Affiant

Affiant's Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____.

Notary Public